

PART B - FEE(S) TRANSMITTAL

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24923 7590 05/23/2007

PAUL S MADAN
 MADAN, MOSSMAN & SRIRAM, PC
 2603 AUGUSTA, SUITE 700
 HOUSTON, TX 77057-1130

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Beth Pearson-Naul

(Depositor's name)

/Beth Pearson-Naul/

(Signature)

August 7, 2007

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/824,093	04/14/2004	Otto N. Farini	594-15493-USD1	6150

TITLE OF INVENTION: METHOD AND APPARATUS FOR A MULTI-COMPONENT INDUCTION INSTRUMENT MEASURING SYSTEM FOR GEOSTEERING AND FORMATION RESISTIVITY DATA INTERPRETATION IN HORIZONTAL, VERTICAL AND DEVIATED WELLS

APPLN TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	08/23/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
AURORA, REENA	2862	324-339600

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 3 registered patent attorneys or agents. If no name is listed, no name will be printed.

Madan, Mossman &
 1. Sriram, P.C.

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 1.311. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE (CITY and STATE OR COUNTRY)

Baker Hughes Incorporated

Houston, Texas

Please check the appropriate assignee category or categories: (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee

☒ Publication Fee (No small entity discount permitted)

☐ Advance Order - # of Copies _____

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☐ A check is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-0428 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2)

594-15493-USD1

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Authorized Signature /K. P. Sriram/

Date August 7, 2007

Typed or printed name Kaushik P. Sriram

Registration No. 43,150

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